



OCT 29 2013

TERENCE K. BAERMAN, Clerk
USDC

**U.S. Postal Service
CERTIFIED MAIL RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

Article Sent To: Peter J Nichols

Postage \$ _____

Certified Fee \$ _____

Return Receipt Fee (Endorsement Required) \$ _____

Restricted Delivery Fee (Endorsement Required) \$ _____

Total Postage & Fees \$ _____

Name (Please Print Clearly) (to be completed by mailer)
Peter J. Nichols

Street, Apt. No., or PO Box No.
212 First Street

City, State, ZIP+4
Scotia, NY 12302

PS Form 3800, July 1999 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Peter J. Nichols
212 First Street
Scotia, NY 12302

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] ☐ Agent ☐ Addressee

X [Signature] ☒ Addressee

B. [Signature] C. Date of Delivery 10/24

Received from them? ☒ Yes ☐ No

If YES, enter delivery address below:

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U.S. SERVICE TYPE

☒ Registered ☒ Return Receipt for Merchandise

☐ Insured Mail ☐ C.O.D.

4. Restricted Delivery? (Extra Fee) ☐ Yes

Re: 1:13cv224, Doc's 24-25

2. Article Number

(Transfer from service label)

7099 3400 0005 5052 7637